(MB) Revision: HCFA-PM-92-7

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SUPPLEMENT 2 TO ATTACHMENT 3.1-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

		State: ILLINOIS
		AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES FOR THE CATEGORICALLY NEEDY
1.	Supp	State of provides home and community care to functionally abled elderly individuals to the extent described and defined in this plement (and Appendices) in accordance with section 1929 of the Social arity Act.
2.	Home	e and community care services are available Statewide.
		Yes No
	foll	no, these services will be available to individuals only in the cowing geographic areas or political subdivisions of the State ecify):
3.	limi	home and community care services specified in this Supplement will be ted to the following target groups of recipients (specify all rictions that will apply):
	a.	aged (age 65 and older, or greater than age 65 as limited in Appendix B)
	b.	In accordance with \$1929(b)(2)(A) of the Act, individuals age 65 or older who were served under a waiver granted pursuant to section 1915(c) of the Act on the date on which that waiver was terminated. Financial eligibility standards for these individuals are specified in Appendix A. Minimum disability standards for these individuals are specified in Appendix B.
	c.	In accordance with \$1929(b)(2)(A) of the Act, individuals who were served under a waiver granted pursuant to section 1915(d) of the Act on the date on which that waiver was terminated. Financial eligibility standards for these individuals are specified in Appendix A. Minimum disability standards for these individuals are specified in Appendix B.
	d.	In accordance with \$1929(b)(2)(B) of the Act, individuals who meet the test of disability under the State's \$1115 waiver which provides personal care services under the State plan for functionally disabled individuals, and which was in effect on December 31, 1990. Financial eligibility standards for these individuals are specified in Appendix A. Functional disability standards for these individuals are specified in Appendix B.
4.	Addi	tional targeting restrictions (specify):
	a.	Eligibility is limited to the following age groups  (specify):
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			RATION AND SO ID SERVICES FO				
	b.	condition,	Eligibility i as specified	s limited by in Appendix B	the severit	y of disease	or
	c.	to have a nunder this	need for one c	s limited to or more of the			
5.	indiv	dards for fir vidual served bility.	nancial eligib i shall meet a	oility are set applicable sta	: forth in A undards for	ppendix A. financial	Each
6.		individual ( n in Appendi:	served will me	eet the test o	of functiona	ıl disability	set
7.	finan forth the r	ncially elight in item 3 december 1 december	rovide for a clible individual of this Supple individual avidual records.	al who meets to ement. This a or another pe	the targetings assessment werson acting	ng requirement will be proving on such ind	ts set ded at ividual's
8.	the i	ndividual is	e functional a s functionally sure the perfo	disabled, as	defined in	Appendix B.	
9.			e functional a ed by the Secr			e uniform mi	nimum
	a.	HCFA.	The State wil	.1 use the ass	sessment ins	trument desi	gned by
	b.	the minimum utilization	The State will to the assess to data set of the guidelines a can be found	core elements	ent to be us , common de ICFA. A cop	ed is consis finitions, a	tent with nd
10.	less	often than	e functional a every 12 month dified in Appe	s. Procedure	l be review es to ensure	ed and revise this review	ed not and
11.	inter	disciplinary	functional a team designa team are spe	ited by the St	ate. Quali	l be conduct fications of	ed by an the
12.	Based inter	on the comp	rehensive fun team will:	ctional asses	sment or re	view, the	
	a.	functional including i	each such as disabilities nformation ab environment, a	and need for out the indiv	home and co	mmunity care	,
	o. 93	-2App	roval Date 2	-12-93	Effective	Date 1-1-93	L
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		State:	ILLINOIS		
		AMOUNT,		SCOPE OF MEDICAL AND REM FOR THE CATEGORICALLY NE	
	b.			nt or review, determine ) functionally disabled.	
13.	used	in establ	the comprehen ishing, review plan (ICCP).	sive functional assessme ing and revising the per	ent or review will be rson's individual
14.	each	individua	l who has been	a qualified community of determined, on the basis a functionally disabled	s of a comprehensive
15.	All a	servic <b>es w</b>	ill be furnish	ed in accordance with a	written ICCP which:
	a.	communit		riodically reviewed and nager after a face-to-fa care giver;	
	b.	is based the indi		recent comprehensive fu	inctional assessment of
	c.	limitati be provi services	ons specified ded under the	amount, duration and sco in Appendix C, the home plan. The ICCP will spe d, their frequency, and	and community care to ecify the community care
	d.	services		al's preferences for the the individual's free c ed; and	
	e.	may spec	ify other serv	ices required by the ind	lividual.
		py of the ided in App		be used in implementing	this benefit is
16.	Each	individua	l's ICCP will !	be established and perio	dically reviewed and

- revised by a qualified community care case manager, as provided in Appendix
- 17. A qualified community care case manager is a nonprofit or public agency or organization which meets the conditions and performs the duties specified in Appendix E.

18.	defined, describ	provide the following home and community care services, as sed and limited in Appendix C to the groups specified in ad 6 of this Supplement.
	a	Homemaker services
	b	Home health aide services
	c	Chore services

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	State: ILLINOIS	
	AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES FOR THE CATEGORICALLY NEEDY	
d.	Personal care services	
e.	Nursing care services provided by, or under the supervision of, a registered nurse	
f.	Respite care	
g.	Training for family members in managing the individual	
h.	Adult day care	
i.	The following services will be provided to individuals with chronic mental illness:	
	1 Day treatment/Partial hospitalization	
	2. Psychosocial rehabilitation services	
	3. Clinic services (whether or not furnished in a facility)	
j.	Other home and community-based services (other than rocand board) as the Secretary may approve. The following other services will be provided:	X
	1. Habilitation	
	A Residential Habilitation	
	B Day Habilitation	
	2. Environmental modifications	
	3 Transportation	
	4 Specialized medical equipment and supplies	
	5. Personal Emergency Response Systems	
	6 Adult companion services	
	7 Attendant Care Services	
	8 Private Duty Nursing Services	
	9. Extended State plan services (check all that apply):	
	A Physician Services	
	B Home health care services	

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		State: I	LLINOIS				
		AMOUNT, DURAT AND S	TION AND SO	COPE OF MEDICAL OR THE CATEGOR	AND REMEDIA	L CARE	
		c.		Physical then	apy services		
		D.		_ Occupational	therapy serv	ices	
		E.		Speech, hear	ing and langu	age servi	es
		F.		_ Prescribed d	rugs		
		G.		_ Other State	plan services	(specify)	):
		10.	Other	home and commu	nity based s	ervices (	specify):
19.		tate assures the					
20.	Part determine	gency will prov 431, subpart E, minations of th ce(s) of their ree with the IC	, to indivi he interdi- choice, or	iduals who are sciplinary team the provider	adversely af n, or who are (s) of their	fected by denied the	the me
21.	in ite	ill not be clai em 18 of this S not be claimed ded in the ICC	Supplement for home	prior to the	development o	f the ICCI	P. FFP
22.	The S	tate provides t	the follow	ing assurances	to HCFA:		
	a.			services will ts of a hospita			cipients
	b.	board, except facility which residence. Me	when proving is (1) appeals furning services	in expenditure ided as part of pproved by the shed under any ) will not cons	f respite car State, and ( community ca	e furnishe 2) not a p re service	ed in a private e (or
	c.			in expenditure		st of room	and
	d.	of funds obligand community fiscal year. FFY 1990 and w State assures as required by	gated by the care to the These repoved that it wis section is	HCFA annually he State with a he functionally orts will begin ovided in the mill provide data 1929(e) of the sas are specifically.	espect to the disabled elumination with information prescritation its mai social Secur	e provision derly in the ation relation in the ation in t	on of home that ative to TA. The of effort,
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State:	ILLINOIS	
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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES FOR THE CATEGORICALLY NEEDY

- e. The home and community care provided in accordance with this Supplement and Appendices will meet all requirements for individual's rights and quality of care as are published or developed by HCFA.
  - All individuals providing care are competent to provide such care; and
  - Each provider of services under this benefit will meet the requirements applicable to the provision of home and community care as set forth in Appendix C.
  - Each individual receiving home and community care will be accorded the rights specified in Appendix F.
  - Case managers will comply with all standards and procedures set forth in Appendix B.
- 23. FFP will not be claimed for the home and community care services specified in item 18 of this Supplement in any quarter to the extent that cost of such care in the quarter exceeds 50 percent of the product of:
  - a. the average number of individuals in the quarter receiving home and community care;
  - b. the average per diem rate of Medicare payment for extended care services (without regard to coinsurance) furnished in the State during such quarter; and
  - c. the number of days in such quarter.
- 24. Community care settings in which home and community care is provided will meet the requirements set forth in section 1929(g) and (h) of the Act, as applicable to the specific setting. The State assures that the requirements of Appendix G will be met for each setting in which home and community care is provided under this section.
- 25. The State will refuse to provide home and community care in settings which have been found not to meet the requirements of sections 1929(g) and (h) of the Act.
- 26. The State will comply with the requirements of section 1929(i), of the Act, regarding survey and certification of community care settings, as set forth in Appendix G.
- 27. The State will comply with the requirements of section 1929(i) of the Act, regarding the compliance of providers of home and community care and reviews of this compliance, as set forth in Appendix C.
- 28. The State will provide for an enforcement process for providers of community care, as required by section 1929(j) of the Act. This process is described in Appendix C.

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State:	ILLINOIS
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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES FOR THE CATEGORICALLY NEEDY

- 29. The State assures that payment for home and community care services will be made through rates which are reasonable and adequate to meet the costs of providing care efficiently and economically, in conformity with applicable State and Federal laws, regulations, and quality and safety standards.
- 30. Payment will not be made for home and community care to reimburse (or otherwise compensate) a provider of such care for payment of a civil money penalty imposed under title XIX or title XI of the Social Security Act or for legal expenses in defense of an exclusion or civil money penalty under title XIX or title XI of the Social Security Act if there is no reasonable legal ground for the provider's case.
- 31. The State will begin provision of services under section 1905(a)(23) of the Social Security Act effective (specify date):

These services will be provided to eligible individuals for a minimum of four calendar quarters, beginning on this date.

- 32. Services will be provided to eligible recipients for the duration of the period specified in item 31, above, without regard to the amount of Federal financial participation available to the State.
- 33. The State assures that it will monitor the appropriateness and accuracy of the assessments and reviews. Through its monitoring, the State assures the appropriateness and accuracy of the assessments and periodic reviews. The State assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the nature and severity of any deficiencies noted.

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APPENDIX A1 TO SUPPLEMENT 2 Page 1

State:	ILLINOIS			
	MEDICAID	ELIGIBILITY	GROUPS	SERVED

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- Home and community care services will be made available to individuals age 65 or older, when the individuals have been determined to be functionally disabled as specified in Appendix B.
- Individuals served under this provision must meet the following Medicaid eligibility criteria (check all that apply):
  - Age 65 or older who have been determined to be 1. functionally disabled (as determined under the SSI program) as specified in Appendix B.
    - The agency uses the same methodologies for treatment of income and resources as used in the SSI program (or the optional State supplement program which meets the requirements of 42 CPR 435.230, as appropriate). Individuals must be receiving SSI/SSP benefits to be eligible under this provision.
    - The agency uses methodologies for treatment of В. income and resources that differ from those of the SSI program. These differences result from restrictions applied under section 1902(f) of the Act. The methodologies are described in Supplement 5 to Attachment 2.6-A. Individuals must be eligible for Medicaid under the State's plan to be eligible under this provision.
  - Medically needy, age 65 or older who have been determined 2. to be functionally disabled as specified in Appendix B. In determining the individual's eligibility, the State may, at its option, provide for the determination of the individual's anticipated medical expenses (to be deducted from income). (Check one):
    - The State does not consider anticipated medical expenses.
    - The State considers anticipated medical expenses в. over a period of \_\_\_\_\_ months (not to exceed 6 months).

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APPENDIX A2 TO SUPPLEMENT 2 Page 2

	State: ILLINOIS					
	INDIVIDUALS PREVIOUSLY COVERED UNDER A WAIVER					
a.	The State used a health insuring organization before January 1, 1986, and had in effect a waiver under \$1115 of the Act, which provides personal care services under the State plan for functionally disabled individuals, and which was in effect on December 31, 1990. In accordance with \$1929(b)(2)(B) of the Act, the following individuals will be eligible to receive home and community care services. (Check all that apply):					
	1. Age 65 or older.					
	2 Disabled, receiving SSI.					
	These individuals meet the resource requirement and income standards that apply in the State to individuals described in $$1902(a)(10)(A)(ii)(V)$ of the Act.					
b.	In accordance with \$1929(b)(2)(A) the Act, individuals age 65 or older who were served under a waiver granted pursuant to section 1915(c) of the Act on the date on which that waiver was terminated. This waiver was terminated during the period in which the State furnished home and community care to functionally disabled elderly individuals under its State plan. Financial eligibility standards for these individuals (which are the same as those in effect on the date on which the waiver was terminated) are attached to this Appendix.					
c.	In accordance with \$1929(b)(2)(A) the Act, individuals age 65 older, who were served under a waiver granted pursuant to section 1915(c) of the Act on the date on which that waiver was terminated. This waiver was terminated during the period in which the State furnished home and community care to functionally disabled elderly individuals under its St plan. Financial eligibility standards for these individuals (which are same as those in effect on the date on which the waiver was terminated) attached to this Appendix.					
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APPENDIX B1 TO SUPPLEMENT 2 Page 1

State: ILLINOIS

## FUNCTIONAL DISABILITY

Home and community care services, as defined in this Supplement, are provided to the following classifications of individuals who have been found on the basis of an assessment to be functionally disabled. Services will be limited to individuals who meet the following targeting criteria.

## Check all that apply:

- Services are provided to individuals, who have been determined, on the basis of an assessment, to require substantial human assistance with at least two of the following activities of daily living: toileting, transferring, eating.
- b. Services are provided to individuals, who have been determined, on the basis of an assessment, to require substantial human assistance with each of the following activities of daily living: toileting, transferring, eating.
- Services are provided to individuals who have been determined, on the basis of an assessment, to have a primary or secondary diagnosis of Alzheimer's Disease, and are unable to perform without substantial human assistance (including verbal reminding or physical cueing) or supervision, at least 2 of the following 5 activities of daily living: bathing, dressing, toileting, transferring and eating.
- d.

  Services are provided to individuals, who have been determined, on the basis of an assessment, to have a primary or secondary diagnosis of Alzheimer's Disease, and are unable to perform without substantial human assistance (including verbal reminding or physical cueing) or supervision, (check one):
  - 1. at least 3 of the following 5 activities of daily living: bathing, dressing, toileting, transferring and eating.
  - 2. at least 4 of the following 5 activities of daily living: bathing, dressing, toileting, transferring and eating.
  - all of the following 5 activities of daily living: bathing, dressing, toileting, transferring and eating.
- e. Services are provided to individuals who have been determined, on the basis of an assessment, to have a primary or secondary diagnosis of Alzheimer's Disease, and are sufficiently cognitively impaired so as to require substantial supervision from another individual because they engage in inappropriate behaviors that pose serious health or safety hazards to themselves or others.

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